



Comhairle nan Eilean Siar

Sandwick Rd, Stornoway, HS1 2BW

Telephone: 01851 600502

COUNCIL TAX – EXEMPTION/DISREGARD FOR PERSON PROVIDING OR RECEIVING CARE ELSEWHERE

Council Tax Ref. No. (if known)	
Address reduction is being applied for	

Where a property has been left empty by someone who has moved elsewhere in order to provide **or** receive care, that property may be exempt from Council Tax if the person is receiving care or providing care due to old age, disablement, illness, past or present alcohol or drug dependence or past or present mental illness.

Where someone has moved elsewhere in order to provide **or** receive care but the property is NOT empty, that property may be entitled to a discount from Council Tax if the person who left is receiving care or providing care due to old age, disablement, illness, past or present alcohol or drug dependence or past or present mental illness

Is the property empty because the person responsible for paying the council tax is receiving or providing care elsewhere?

☐

Yes

☐

No

Section 1 – Details of person(s) no longer resident in the property

Name of person(s) receiving/providing care elsewhere:

Date care received/provided from ____/____/____

Address where they are now resident receiving/providing care:

Section 2 – Property occupancy details. Please give details of ALL the people living at the property who are over 18 years old or who will become 18 within the next 12 months. If the property is empty then please write NONE

Name	Date of birth if under 18	Date moved in	Previous Address (if moved in within the last 12 months)	Relationship to liable party

(please continue overleaf)

Section 3 - Details of person receiving care

Name _____

Please select **one** of the following (a) or (b):

- ☐ (a) I confirm that the person being care for is receiving one or more of the following benefits (please tick all that apply):-
- Higher rate of Attendance Allowance
 - Higher Rate of the Care component of a Disability Living Allowance
 - Higher Rate of the Daily Living component of a Personal Independence Payment
 - Higher Rate of the Daily Living component of Adult Disability Payment
 - Increased Disablement Pension

Please provide evidence of benefit(s) received - e.g., letter from Department of work & Pensions (DWP) or Social Security Scotland

- ☐ (b) I confirm that the person being cared for is not receiving one of the benefits in (a) but still requires care. I will provide other evidence of the reason care is required such as a letter from a healthcare professional who can confirm that they require care due to old age, disablement, illness, alcohol or drug dependence or mental illness.

Additional Information

The particulars shown on this form are true, accurate and complete to the best of my knowledge. Any changes in circumstance that may affect Council Tax liability will be notified to Comhairle nan Eilean Siar immediately.

(By law the person liable to pay Council Tax is obliged to inform the Comhairle of any change in circumstances which may affect the charge.)

Signed _____ Date ____/____/____

Name _____ phone _____

mobile _____
(In case we need to contact you)

Email Address _____

Forms can be returned by mail to the address shown above or scanned and returned by email to counciltax@cne-siar.gov.uk

This authority is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

More information can be found at <https://www.cne-siar.gov.uk/your-council/data-protection/>